

07-22-05

ITW

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number

10/803,620

Filing Date

March 18, 2004

First Named Inventor

Singh

Art Unit

Examiner Name

Attorney Docket Number

ENCLOSURES (Check all that apply)☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐Reply to Missing Parts/
Incomplete Application☐Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐Petition to Convert to a
Provisional Application☒Power of Attorney, Revocation
Change of Correspondence Address☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks

☐

After Allowance Communication to TC

☐Appeal Communication to Board
of Appeals and Interferences☐Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐

Proprietary Information

☐

Status Letter

☐Other Enclosure(s) (please identify
below):**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Wolf, Block, Schorr and Solis-Cohen LLP

Signature

Printed name

Brian L. Belles, Esq.

Date

July 21, 2005

Reg. No.

51,322

CERTIFICATE OF TRANSMISSION/MAILING

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Signature

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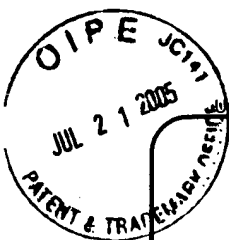
Laura C. Forrest

Date

July 21, 2005

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PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/803,620
Filing Date	March 18, 2004
First Named Inventor	Singh
Art Unit	
Examiner Name	Palabrica
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

40440

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Brian L. Belles, Esq. Wolf, Block, Schorr and Solis-Cohen LLP				
Address	1650 Arch Street 22nd Floor				
City	Philadelphia	State	PA	Zip	19103
Country	USA				
Telephone	215-977-2127		Email		

I am the:

☒ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Krishna P. Singh		
Date	7/14/05	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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